

ME Office/District: \_\_\_\_\_

(OFFICE USE) Case ID#: \_\_\_\_\_

Date of Investigation: \_\_\_\_\_

Medical Ex/Invest Name: \_\_\_\_\_

**Childhood Drowning Study**  
**Medical Examiner Case**  
**Abstract Form (Pg. 1 of 4)**  
**Version 7 – April 2004**

**NOTE TO INVESTIGATOR:** For any item that the respondent is not able to provide, or you are not able to ascertain, please check the box provided (DK/NA – Don't Know/Not Ascertained). If no box is provided, please write "NA" in the space for that item. Please do not leave any item blank.

**A. Demographic Information**

1. Residence City, State, County: _____		2. Date of Birth: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>	3. Date of Death: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>
4. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	5. Hispanic/Latino Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Race/Ethnicity: (Check all that apply) <div style="display: flex; flex-wrap: wrap; font-size: small;"> <div style="width: 50%;"><input type="checkbox"/> Am Ind or Alaska Native</div> <div style="width: 50%;"><input type="checkbox"/> Black/African American</div> <div style="width: 50%;"><input type="checkbox"/> Asian</div> <div style="width: 50%;"><input type="checkbox"/> Pacific Islander</div> <div style="width: 50%;"><input type="checkbox"/> White</div> <div style="width: 50%;"><input type="checkbox"/> Other: _____</div> </div>	
7. Did the decedent live in a home with a private residential pool (Do <u>not</u> include community or apartment pools): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/NA			

**B. Scene Investigation Details**

1. Time of Incident: (hh:mm) _____ <input type="checkbox"/> AM <input type="checkbox"/> PM		1a. Date of Submersion: _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>	
2. Boat Related: <input type="checkbox"/> Yes <input type="checkbox"/> No	2a. Boat Type: <input type="checkbox"/> Motor <input type="checkbox"/> Sail <input type="checkbox"/> Jet Ski <input type="checkbox"/> Row <input type="checkbox"/> Canoe <input type="checkbox"/> Other		2b. Boat Length: (feet) _____
3. Body of Water: <input type="checkbox"/> Pool <input type="checkbox"/> Whirlpool/Hot Tub <input type="checkbox"/> River <input type="checkbox"/> Lake <input type="checkbox"/> Pond <input type="checkbox"/> Ocean <input type="checkbox"/> Bay <input type="checkbox"/> Canal <input type="checkbox"/> Other: _____			
4. If pool: (Check all that apply) <input type="checkbox"/> Swimming pool <input type="checkbox"/> Above ground <input type="checkbox"/> Outdoor <input type="checkbox"/> Wading pool <input type="checkbox"/> In-ground <input type="checkbox"/> Indoor			
4a. Water condition: <input type="checkbox"/> Clear <input type="checkbox"/> Murky <input type="checkbox"/> Other <input type="checkbox"/> DK/NA			
5. Site location: <input type="checkbox"/> Decedent's home <input type="checkbox"/> Relative's home <input type="checkbox"/> Friend/Neighbor's home <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Apartment/Condo complex <input type="checkbox"/> Camp <input type="checkbox"/> Other private site: _____ <input type="checkbox"/> Other public site: _____			
6. Site usually used for swimming: <input type="checkbox"/> Yes <input type="checkbox"/> No		7. Site secluded or out-of-the-way: <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Site regularly life guarded: <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Property line fence: <input type="checkbox"/> *Yes <input type="checkbox"/> No <input type="checkbox"/> DK/NA		*If Yes to 9 or 10 (property line or isolation fence), please draw an overhead view of the body of water showing the home and all barriers and adjacent structures.	
10. Isolation fence: <input type="checkbox"/> * Yes <input type="checkbox"/> No <input type="checkbox"/> DK/NA			

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**B. Scene Investigation Details (continued)**

<b>11. Which best describes the type of fence around the pool?</b> <input type="checkbox"/> Wooden (stockade, picket, or split rail fence) <input type="checkbox"/> Mesh	<input type="checkbox"/> Chain link <input type="checkbox"/> Iron <input type="checkbox"/> Other, please specify: _____
<b>11a. Is the fence a permanent structure?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>12. Omitted</b>	
<b>13. Was there any other type of barrier on site designed to prevent access to the body of water:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/NA    If yes, please describe: _____	

**C. Incident Details**

<b>1. Decedent's activity:</b>	<input type="checkbox"/> Swimming <input type="checkbox"/> Playing <input type="checkbox"/> Walking <input type="checkbox"/> Fishing <input type="checkbox"/> Diving <input type="checkbox"/> Scuba Diving <input type="checkbox"/> Wading <input type="checkbox"/> Boating <input type="checkbox"/> Other _____
<b>2. Briefly describe incident:</b> _____ _____	
<b>3. What happened to the decedent during the event:</b> (Check all that apply) <input type="checkbox"/> Fell into water <input type="checkbox"/> Failed to surface <input type="checkbox"/> Swept away by water <input type="checkbox"/> Jumped <input type="checkbox"/> Was pushed <input type="checkbox"/> Other _____	
<b>4. Did others die in the incident:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**D. Witnesses/Discoverer**

<b>1. Was the event witnessed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>1a. If yes, by whom:</b> (Check all that apply) <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Lifeguard <input type="checkbox"/> Other adult <input type="checkbox"/> Sibling <input type="checkbox"/> Other child
<b>2. Approximate age(s) of witness(es):</b> _____	<b>3. Length of time decedent missing:</b> (hh:mm) _____
<b>4. Decedent dead at scene:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>5. Length of time decedent submerged:</b> (hh:mm) _____
<b>6. Initial discoverer:</b> (Check all that apply) <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Lifeguard <input type="checkbox"/> Other adult <input type="checkbox"/> Sibling <input type="checkbox"/> Other child <input type="checkbox"/> Other _____	
<b>7. Actions taken by initial discoverer:</b> _____ _____	
<b>8. How far was point of entry from where body found:</b> # _____ <input type="checkbox"/> Feet <input type="checkbox"/> Yards <input type="checkbox"/> Miles	
<b>9. How was decedent clothed at discovery:</b> <input type="checkbox"/> Swimwear <input type="checkbox"/> Non-swimwear <input type="checkbox"/> No clothing <input type="checkbox"/> DK/NA	
<b>10. Personal floatation device (PFD):</b> <input type="checkbox"/> Present and in use <input type="checkbox"/> Present and <u>not</u> in use <input type="checkbox"/> None present	

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**E. Swimming Ability** (NOTE: Please inquire about swimming ability during your investigation. Indicate "DK" if next of kin does not know or "NA" if you were not able to ascertain the information.)

1. Was decedent comfortable entering the water on his/her own:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> NA		
2. Decedent's swimming ability:	<input type="checkbox"/> Excellent/Very Good	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor	<input type="checkbox"/> DK	<input type="checkbox"/> NA
3. Decedent's participation in formal swimming lessons:						
<input type="checkbox"/> Formal lessons (formal lessons are those paid for or received as part of another activity such as daycare, school, or camp)						
<input type="checkbox"/> No formal lessons <input type="checkbox"/> DK <input type="checkbox"/> NA						
3a. If formal lessons, age at which formal lessons started (years or months): _____						
<input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> DK <input type="checkbox"/> NA						
3b. If formal lessons, # of courses taken <u>or</u> years over which lessons taken: _____						
<input type="checkbox"/> Courses <b>OR</b> <input type="checkbox"/> Years <input type="checkbox"/> DK <input type="checkbox"/> NA						
3c. If formal lessons, age at <u>or</u> date of most recent lesson: _____						
<input type="checkbox"/> Age <b>OR</b> <input type="checkbox"/> Month/Year <input type="checkbox"/> DK <input type="checkbox"/> NA						
4. Could decedent swim 25 yards without stopping:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> NA		
5. Could decedent swim 15 yards without stopping:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> DK	<input type="checkbox"/> NA		
5a. If YES, at what age or date was decedent first able to do this: _____						
<input type="checkbox"/> Age <b>OR</b> <input type="checkbox"/> Month/Year <input type="checkbox"/> DK <input type="checkbox"/> NA						
6. Average times swimming in past year, May - September: (if none, enter zero)						
_____ Times per: <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> DK <input type="checkbox"/> NA						
7. Average times swimming in past year, October - April: (if none, enter zero)						
_____ Times per: <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> DK <input type="checkbox"/> NA						

**F. Medical Information**

1. Underlying medical conditions which may have been contributing factors to the drowning: (Check all that apply)	
<input type="checkbox"/> Seizure disorder	<input type="checkbox"/> Heart condition
<input type="checkbox"/> Fainting episodes	<input type="checkbox"/> Mental illness
<input type="checkbox"/> Autism	<input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD)
<input type="checkbox"/> Disability (specify) _____	<input type="checkbox"/> None <input type="checkbox"/> DK/NA
2. Medications taken by the decedent in the month prior to the incident: <input type="checkbox"/> None <input type="checkbox"/> DK/NA	
_____ Medication	taken for: _____ Condition
_____ Medication	taken for: _____ Condition
_____ Medication	taken for: _____ Condition
_____ Medication	taken for: _____ Condition
3. Has anyone else in the decedent's family ever died from drowning: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/NA	
4. Has anyone in decedent's family died suddenly from a heart condition or some unknown cause before the age 40: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK/NA	

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**G. 1-4 Year Old Cases Only**

**1. Prior to the incident, could the child:**

a. Walk well without assistance?

☐ Yes

☐ No

☐ DK/NA

b. Open a standard front door of a house with a door knob?

☐ Yes

☐ No

☐ DK/NA

c. Open a standard sliding glass door?

☐ Yes

☐ No

☐ DK/NA

**H. 14-19 Year Old Cases Only**

**1. Was the use of alcohol or drugs a possible factor in the accident:**

☐ Yes

☐ No

☐ DK/NA

**2. Was alcohol or drug testing done as part of an autopsy:**

☐ Yes

☐ No

2a. If YES, what were the results of this testing: \_\_\_\_\_  
\_\_\_\_\_

**Comments:**